

**Fill in this information to identify the case:**

United States Bankruptcy Court for the:

**SOUTHERN DISTRICT OF TEXAS**Case number (if known): \_\_\_\_\_ Chapter 7☐ Check if this is an amended filing

## Official Form 201

**Voluntary Petition for Non-Individuals Filing for Bankruptcy**

04/16

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, Instructions for Bankruptcy Forms for Non-Individuals, is available.

1. Debtor's name Keeton Healthcare Services, Inc.
2. All other names debtor used in the last 8 years  
Include any assumed names, trade names and *doing business as* names
3. Debtor's federal Employer Identification Number (EIN) 8 0 - 0 5 3 1 2 2 5
4. Debtor's address
 

<b>Principal place of business</b>  <u>8181 Commerce Park Drive, Suite 726</u> Number Street  <u>Houston TX 77036</u> City State ZIP Code  <u>Harris</u> County	<b>Mailing address, if different from principal place of business</b>  _____ Number Street  _____ P.O. Box  _____ _____ City State ZIP Code  <b>Location of principal assets, if different from principal place of business</b>  <u>Public Storage</u> Number Street <u>9544 Highway 6, Unit A-3156</u> <u>Missouri City TX 77459</u> City State ZIP Code
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5. Debtor's website (URL) www.healthcsa.com
6. Type of debtor
 

☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))  
☐ Partnership (excluding LLP)  
☐ Other. Specify: \_\_\_\_\_

Debtor **Keeton Healthcare Services, Inc.**

Case number (if known) \_\_\_\_\_

**7. Describe debtor's business****A. Check one:**

- ☒ Health Care Business (as defined in 11 U.S.C. § 101(27A))  
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))  
☐ Railroad (as defined in 11 U.S.C. § 101(44))  
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))  
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))  
☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))  
☐ None of the above

**B. Check all that apply:**

- ☐ Tax-exempt entity (as described in 26 U.S.C. § 501)  
☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. § 80a-3)  
☐ Investment advisor (as defined in 15 U.S.C. § 80b-2(a)(11))

**C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See <http://www.uscourts.gov/four-digit-national-association-naics-codes>**

\_\_\_\_ \_

**8. Under which chapter of the Bankruptcy Code is the debtor filing?****Check one:**

- ☒ Chapter 7  
☐ Chapter 9  
☐ Chapter 11. **Check all that apply:**

- ☐ Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,566,050 (amount subject to adjustment on 4/01/19 and every 3 years after that).  
☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).  
☐ A plan is being filed with this petition.  
☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).  
☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy Under Chapter 11 (Official Form 201A) with this form.  
☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12**9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?**

If more than 2 cases, attach a separate list.

☐ No

☒ Yes. District **Southern District of Texas** When **03/01/2016** Case number **16-31165-H1**  
 MM / DD / YYYY  
 District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
 MM / DD / YYYY  
 District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
 MM / DD / YYYY

Debtor **Keeton Healthcare Services, Inc.**

Case number (if known) \_\_\_\_\_

**10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?**☒ No☐ Yes.

Debtor \_\_\_\_\_ Relationship \_\_\_\_\_

District \_\_\_\_\_ When \_\_\_\_\_

MM / DD / YYYY

Case number, if known \_\_\_\_\_

List all cases. If more than 1, attach a separate list.

Debtor \_\_\_\_\_ Relationship \_\_\_\_\_

District \_\_\_\_\_ When \_\_\_\_\_

MM / DD / YYYY

Case number, if known \_\_\_\_\_

**11. Why is the case filed in this district?**

Check all that apply:

☒

Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.

☐

A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

**12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?**☐ No☒

Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

**Why does the property need immediate attention?** (Check all that apply.)☐

It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard? \_\_\_\_\_

☒

It needs to be physically secured or protected from the weather.

☐

It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

☒Other **Debtor is in possession of medical records.****Where is the property?****Public Storage**

Number Street

**9544 Highway 6, Unit A-3156****Missouri City**

City

**TX**

State

**77459**

ZIP Code

**Is the property insured?**☐ No☒

Yes. Insurance agency \_\_\_\_\_

Contact name \_\_\_\_\_

Phone \_\_\_\_\_

**Statistical and administrative information****13. Debtor's estimation of available funds**

Check one:

☐

Funds will be available for distribution to unsecured creditors.

☒

After any administrative expenses are paid, no funds will be available for distribution to unsecured creditors.

Debtor **Keeton Healthcare Services, Inc.**

Case number (if known) \_\_\_\_\_

**14. Estimated number of creditors**

1-49



1,000-5,000



25,001-50,000



50-99



5,001-10,000



50,001-100,000



100-199



10,001-25,000



More than 100,000



200-999

**15. Estimated assets**

\$0-\$50,000



\$1,000,001-\$10 million



\$500,000,001-\$1 billion



\$50,001-\$100,000



\$10,000,001-\$50 million



\$1,000,000,001-\$10 billion



\$100,001-\$500,000



\$50,000,001-\$100 million



\$10,000,000,001-\$50 billion



\$500,001-\$1 million



\$100,000,001-\$500 million



More than \$50 billion

**16. Estimated liabilities**

\$0-\$50,000



\$1,000,001-\$10 million



\$500,000,001-\$1 billion



\$50,001-\$100,000



\$10,000,001-\$50 million



\$1,000,000,001-\$10 billion



\$100,001-\$500,000



\$50,000,001-\$100 million



\$10,000,000,001-\$50 billion



\$500,001-\$1 million



\$100,000,001-\$500 million



More than \$50 billion

**Request for Relief, Declaration, and Signatures**

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature of authorized representative of debtor**

☒ The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

☒ I have been authorized to file this petition on behalf of the debtor.

☒ I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **08/04/2017**

MM / DD / YYYY

**X /s/ Allan G. Keeton, Jr.**

Signature of authorized representative of debtor

**Allan G. Keeton, Jr.**

Printed name

Title **President**

**18. Signature of attorney**

**X /s/ J. Thomas Black**

Signature of attorney for debtor

Date **08/04/2017**

MM / DD / YYYY

**J. Thomas Black**

Printed name

**J. Thomas Black, P.C.**

Firm name

**2600 S. Gessner, Suite 110**

Number Street

**Houston**

City

**TX**

State

**77063**

ZIP Code

**(713) 772-8037**

Contact phone

**tom@jthomasblack.com**

Email address

**02373400**

Bar number

State